



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



TOBACCO RETAILER RENEWAL APPLICATION

Business Name:
Business Address:
Mailing Address:

Permit Type: TOBACCO
Permit No.:
Expiration Date:

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- ☐ **BUSINESS TAX CERTIFICATE** (619) 615-1500
- ☐ **CERTIFICATE OF LIMITED PARTNERSHIP** Certificate as filed with County Clerk (619) 237-0502
- ☐ **STATE RETAILER CIGARETTE & TOBACCO PRODUCTS LICENSE** Bd of Equalization (800) 400-7115
- ☐ **IDENTIFICATION** A current U.S. government issued photo identification card (i.e. Driver's License or Military I.D.) is required. Passports are accepted with two supporting documents.
- ☐ **LEASE OR RENTAL AGREEMENT** (to include name and address of current owner and lessor of the retail business property)
Applicant's retail business premises are: ☐ OWNED ☐ RENTED / LEASED

Property Owner's Name	Property Owner's Address	Phone No.
Lessor's Name	Lessor's Address	Phone No.

☐ Check type of ownership and provide verification of filing

- | | |
|--|--|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Husband & Wife Co-Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Registered Domestic Partnership | <input type="checkbox"/> Responsible Managing Officer |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Other (specify) _____ | |

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

- ☐ Check, money order or cashier's check payable to CITY TREASURER. Third party, out of state checks, and credit cards are not accepted.

Regulatory Permit Fee \$108.00 (annual fee)

APPLICANT INFORMATION

Applicant's Full Name: _____
First Middle Last

Applicant's Relationship to Business / Title _____

If applicable: Applicant is a Corporate Officer ☐ Applicant is a Partner ☐

Other Names Ever Used: (Maiden, Alias, etc.) _____

Date of Birth _____ Height _____ Weight _____ Sex _____ Eyes _____ Hair _____

Driver's License / ID No. _____ State _____ SSN _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____

Fictitious Business Names: List ALL ever used by applicant, and the respective addresses of those businesses:

Fictitious Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Fictitious Name	Address	City	State	Zip
_____	_____	_____	_____	_____

Residential Address List EACH for the last 5 years, and inclusive dates (attach additional pages, if necessary)

Address	City	State	Zip	from mm/dd/yy to mm/dd/yy
_____	_____	_____	_____	_____

Address	City	State	Zip	from mm/dd/yy to mm/dd/yy
_____	_____	_____	_____	_____

Business, Occupation or Employment List EACH for the last 5 years, and inclusive dates (attach additional pages, if necessary)

Employer	Occupation	from mm/dd/yy to mm/dd/yy
_____	_____	_____

Address	City	State	Zip
_____	_____	_____	_____

Employer	Occupation	from mm/dd/yy to mm/dd/yy
_____	_____	_____

Address	City	State	Zip
_____	_____	_____	_____

SUPPLEMENTAL INFORMATION

- ☐ **Note:** An applicant that is a **corporation or partnership** shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete and sign all applications on behalf of the corporate officers and partners.

☐ Name of your designated responsible managing officer: _____

If applicant is a Corporation, or if a limited partner is a Corporation:

Name of Corporation exactly as shown in its Articles of Incorporation or Charter _____ State of Incorp _____ Date of Incorp _____

Names of all current Officers and Directors, and all stockholders holding more than 25% of the stock of the corporation:

Name	Title	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicant is a Partnership, provide the following information of each partner, including limited partners:

Name:	First	Middle	Last
Residence Address	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Zip	_____	_____	_____

Name:	First	Middle	Last
Residence Address	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Zip	_____	_____	_____

Permittee Information: Provide the following information if the *permittee* is not directly involved in the day-to-day management of the police-regulated business, or if the *permittee* has other managers in addition to himself. In the event of a change in such *persons* the applicant shall notify the *Chief of Police* **within thirty calendar days of such a change.**

Name:	First	Middle	Last	Title
Other names ever used	_____	_____	_____	_____

TOBACCO RETAILER DECLARATIONS

REQUIRED APPLICANT DISCLOSURES

Have you ever had any *license* or *permit* issued by any agency or board, or any city, county, state or federal agency suspended or revoked, or have you had any professional or vocational *license* or *permit* suspended or revoked within 5 years immediately preceding this application? ☐ Yes ☐ No

If yes, reason for suspension or revocation: _____

Except for traffic infractions, do you have any criminal *convictions*, including those dismissed per Penal Code section 1203.4? ☐ Yes ☐ No

If yes, *conviction* info, including date and place: _____

Have you ever been denied a state retailer cigarette and tobacco products license? ☐ Yes ☐ No

If yes, reason for the denial: _____

DECLARATION REQUIRED PER SDMC § 33.4505(c)

As an applicant for a *police permit* to operate as a *tobacco retailer*, I submit this signed declaration certifying that I have not been convicted of or faced administrative action based on violations of the offenses listed in Municipal Code section 33.4510.

Applicant's Signature _____

Date _____

RIGHT TO INSPECT PER SDMC § 33.0103

I acknowledge the right to inspection as required pursuant to San Diego Municipal Code section 33.0103.

Applicant's Signature _____

Date _____

FOR SDPD USE ONLY:

Accepted by: _____ Date _____

Approved ☐

Disapproved ☐

By: _____

Date _____

Comments: _____